



3622

PTO/SB/21 (05-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/349,676	
Filing Date	08 July 1999	
First Named Inventor	Kristen Diane Ondek	
Art Unit	3622	
Examiner Name	J. Janvier	
Total Number of Pages in This Submission	14	Attorney Docket Number
		PH A 23681

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 return post cards</div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Raymond J. Werner	
Signature	Raymond J. Werner Reg. No. 34,752	
Date	14 May 2003	

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	Kathryn G. Nelson	
Signature	Kathryn G. Nelson	Date
	14 May 2003	

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110 -)

Complete If Known

Application Number	09/349,676
Filing Date	08 July 1999
First Named Inventor	Kristen Diane Ondek
Examiner Name	J. Janvier
Art Unit	3622
Attorney Docket No.	PHA 23681

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number _____ Deposit Account Name _____				RECEIVED MAY 22 2003 GROUP 3600 Fee Description Fee Paid 110-			
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		
1001 750	2001 375	Utility filing fee					
1002 330	2002 165	Design filing fee					
1003 520	2003 260	Plant filing fee					
1004 750	2004 375	Reissue filing fee					
1005 160	2005 80	Provisional filing fee					
SUBTOTAL (1) (\$ 110 -)							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid		
			-20** =	X _____	= _____		
			- 3*** =	X _____	= _____		
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		
1202 18	2202 9	Claims in excess of 20					
1201 84	2201 42	Independent claims in excess of 3					
1203 280	2203 140	Multiple dependent claim, if not paid					
1204 84	2204 42	** Reissue independent claims over original patent					
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2) (\$ 110 -)							
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*Reduced by Basic Filing Fee Paid						SUBTOTAL (3) (\$ 110 -)	

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SUBMITTED BY

Name (Print/Type)	Raymond J. Werner	Registration No. (Attorney/Agent)	34,752	Telephone	503-466-2294
Signature	Raymond J. Werner	Date	14 May 2003		

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